

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511300

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5	1		1			
6		1		1		
7		2		1		
8		①		1		
9		①		1		
10		①		1		
11	1		1			
12	1		1			
13		2		1		
14		①		1		
15		①		1		
16		①		1		
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TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	15	←	16	←		←
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						